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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

*(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))*

Attorney Docket No.	ORIGEN-0009-D01
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<i>First Inventor</i>	Zairen SUN et al.
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<b>Title</b>	REGULATED ANGIOGENESIS GENES AND POLYPEPTIDES
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Express Mail Label No.

## APPLICATION ELEMENTS

*See MPEP chapter 600 concerning utility patent application contents.*

ADDRESS TO:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/17)**  
(Submit an original and a duplicate for fee processing)
2. ☒ **Applicant claims small entity status.**  
See 37 CFR 1.27.
3. ☒ **Specification** [Total Pages **68**]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings ( if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ **Drawing(s) (35 U.S.C.113)** [Total Sheets **27**]
5. **Oath or Declaration** [Total Pages **3**]
- a. ☐ Newly executed (original or copy)
- b. ☒ **Copy from a prior application (37 CFR 1.63 (d))**  
(for a continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ **Application Data Sheet. See 37 CFR 1.76**

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

### ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent.
17. ☒ Other: Request To Use Computer Readable Form (CRF) From Parent Application

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation      ☒ Divisional      ☐ Continuation-in-part (CIP)

**Prior application information:** **Examiner Maher M. Haddad**

of prior application No: 10 / 164,595  
Group / Art Unit: 1644

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

23599

or ☐ Correspondence address below

<i>Name</i>	Millen, White, Zelano & Branhigan, P.C.
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Address 2200 Clarendon Blvd. Suite 1400

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Virginia

Zip Code

22201

Country	United States
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Telephone

703-243-6333

Fax

703-243-6410

Name (Print/Type)

Richard M. Lebovitz

Registration No. (Attorney/Agent)

37,067

*Signature*

Date \_\_\_\_\_

November 21, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22303-1450.

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	November 21, 2003
First Named Inventor	Zairen SUN et al.
Examiner Name	Maheer M. Haddad
Group / Art Unit	1644
Attorney Docket No.	ORIGEN-0009 D01

**TOTAL AMOUNT OF PAYMENT** (\$) 527**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number: 13-3402

Deposit Account Name: Millen, White, Zelano & Branigan, P.C.

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION**

1. BASIC FILING FEE					
Large Fee Code	Entity (\$)	Small Fee Code	Entity (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$ 385)</b>

**2. EXTRA CLAIM FEES**

				Extra Claims		Fee from below		Fee Paid
Total Claims	31	-20**	=	11	X	9	=	99
Independent Claims	4	-3**	=	1	X	43	=	43
Multiple Dependent	0				X	145	=	0
Large	Entity	Small	Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description				
1202	18	2202	9	Claims in excess of 20				
1201	86	2201	43	Independent claims in excess of 3				
1203	290	2203	145	Multiple dependent claim, if not paid				
1204	84	2204	42	** Reissue independent claims over original patent				
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)						(\$ 142		

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)**

Fee Code	Large Entity (\$)	Fee Code	Small Entity (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
142	1,300	242	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	130	1807	130	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid					
<b>SUBTOTAL (3)</b>					<b>(\$ 0)</b>

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Richard M. Lebovitz	Registration No. Attorney/Agent)	37,067	Telephone	(703) 243-6333
Signature				Date	November 21, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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